Week 6: RUA Case Study Crohn's Disease

Student Name(s)

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NR324-60066 Adult Health

I Professor Haviland

Assignment Due Date

Crohn’s Disease

An inflammatory bowel disorder called Crohn's disease results in long-term inflammation of the gastrointestinal tract (Overview of Crohn's disease, 2022). The mouth to the anus is all possible locations for Crohn's disease to develop in the GI tract. Usually, the proximal colon and distal ileum are affected.

Health History

Ashley Fernandez is a 25-year-old Caucasian female who was diagnosed with Crohn’s disease about a year ago. A.F. reports that there is a family history of Crohn’s disease and her grandfather was diagnosed when he was a teenager as well. The patient stated that she smokes four to five cigarettes a day and she is a social drinker but denies using any drugs. The patient has an allergy to latex. The patient came into the emergency room with severe stomach pain, blood in the stool, nausea, diarrhea, and slight weight loss. She seemed to be in pain and stated that her pain level is an 8 out of 10. A physical exam showed that she had a temperature of 38.5 °C, a blood pressure of 101/62, and a heart rate of 100 bpm. The heart and lungs were normal. On mild probing, her epigastrium seemed subjectively painful; however, her abdomen was soft. She also felt rebound pain and a little sensitivity in her right bottom area. She stated that she had an endoscopy done about a year ago when she was in the hospital for a Crohn’s flare-up. During the perirectal examination, areas of scars consistent with previous fistulous tracts were discovered. Skin and neurological tests were negative. She also has a past history of anemia with low levels of hemoglobin and red blood cells.

Laboratory/Diagnostic Testing